

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

$\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$

1995

[illegible]

APPROVED
AND
FILED

00 0000 10 1410:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 653286

(5)

HAROLD C. RAMSEY, INC.

2781 OKLAHOMA ST.
EG1241
W. MELBOURNE FL 32904

2781 OKLAHOMA ST.
EG1241
W. MELBOURNE FL 32904

10. The following is a list of the names of the persons who have been appointed to the various committees of the Board of Directors of the American Association of University Professors:

3. Date the expenditure was made	3a. Date of audit report
01/24/1980	02/15/1994

4. Filing Date	Applied For
59-1993160	Not Applicable

5. Certified Status Desired	☐	\$8.75 Additional Fee Required
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6. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution ☐ Added to Fees

7. The corporation has liability for intercity tax under § 1492(a)
Federal Statute ☐ Yes ☐ No

10. Name and Address of New Registered Agent

FL 85 201-6280

RAMSEY, CLINTON L.
2781 OKLAHOMA ST.
W. MELBOURNE FL 32904

[illegible]

2010年11月11日

1. *Journal of the American Medical Association*, 1997; 277: 1039-1043.

[illegible]

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12.	OFFICER AND LAST NAME	13.	ADDRESS CHANGE	14. OFFICER AND LAST NAME	15.	ADDRESS CHANGE
	S		☐ Change ☐ Add			
NAME	RAMSEY, BARBARA D	NAME		NAME		
HOME PHONE	2781 OKLAHOMA ST.	HOME PHONE		HOME PHONE		
WORK PHONE	W. MELBOURNE FL	WORK PHONE		WORK PHONE		
	V		☐ Change ☐ Add			
NAME	RAMSEY, CLINTON L	NAME		NAME		
HOME PHONE	2781 OKLAHOMA ST.	HOME PHONE		HOME PHONE		
WORK PHONE	W. MELBOURNE FL	WORK PHONE		WORK PHONE		
	P		☐ Change ☐ Add			
NAME	RAMSEY, HAROLD C	NAME		NAME		
HOME ADDRESS	538 ELLINGTON AVE, S.E.	HOME ADDRESS		HOME ADDRESS		
WORK PHONE	PALM BAY FL	WORK PHONE		WORK PHONE		
			☐ Change ☐ Add			
NAME		NAME		NAME		
HOME ADDRESS		HOME ADDRESS		HOME ADDRESS		
WORK PHONE		WORK PHONE		WORK PHONE		
			☐ Change ☐ Add			
NAME		NAME		NAME		
HOME ADDRESS		HOME ADDRESS		HOME ADDRESS		
WORK PHONE		WORK PHONE		WORK PHONE		
			☐ Change ☐ Add			
NAME		NAME		NAME		
HOME ADDRESS		HOME ADDRESS		HOME ADDRESS		
WORK PHONE		WORK PHONE		WORK PHONE		
			☐ Change ☐ Add			

[illegible]

SIGNATURE: Clinton L. Ramsey
HIGH SCHOOL AND COLLEGE PHYSICIAN OR NURSING OFFICER OR NURSE

5-15/95 (407) 254-7633

007110

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED

REPUBLIC OF FLORIDA
ANAL. A. REED III



FLORIDA DEPARTMENT OF STATE
JENNIFER W. WATKINS
SECRETARY OF STATE

1995

DOCUMENT # 653432

(5)

ENERGY SYSTEMS DESIGN, INC.

326 S. GRANDVIEW AVENUE #1
DAYTONA BCH FL 32118

326 S. GRANDVIEW AVENUE #1
DAYTONA BCH FL 32118

DATE OF FILING OF THIS STATE

3. Date of Report (if required) **01/25/1980** 3a. Date of Last Report **03/03/1994**

2. Director of State (if applicable)	2a. Managing Director	4. FIC Number	Applied For
21.	26.	59-1969406	Not Applicable
22. Director of State (if applicable)	27. Managing Director	5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
23. Director of State (if applicable)	28. Managing Director	6. Election Campaign Financing Trust Fund Contribution	☐ \$5.00 May Be Added to Fees
24. Director of State (if applicable)	29. Managing Director	8. The corporation has liability for intangible tax under S. 199.032 Florida Statutes	☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**LUNDSTROM, ALAN H
516 N. INDIAN RIVER PLACE
NEW SMYRNA BEACH FL 32169**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 601.01(4) and 601.15(4), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am not due with and accept the obligations of Section 601.15(4), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (IN %)	
1. NAME	PD LUNDSTROM, ALAN H 516 N INDIAN RIVER PLACE NEW SMYRNA BCH, FL 00000	1. NAME	☐ Change ☐ Addition
2. STREET ADDRESS		2. STREET ADDRESS	☐ Change ☐ Addition
3. CITY		3. CITY	☐ Change ☐ Addition
4. NAME		4. NAME	☐ Change ☐ Addition
5. STREET ADDRESS		5. STREET ADDRESS	☐ Change ☐ Addition
6. CITY		6. CITY	☐ Change ☐ Addition
7. NAME		7. NAME	☐ Change ☐ Addition
8. STREET ADDRESS		8. STREET ADDRESS	☐ Change ☐ Addition
9. CITY		9. CITY	☐ Change ☐ Addition
10. NAME		10. NAME	☐ Change ☐ Addition
11. STREET ADDRESS		11. STREET ADDRESS	☐ Change ☐ Addition
12. CITY		12. CITY	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in law (see 199.032, Florida Statutes). I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. That my signature is in compliance with the provisions of the corporation's bylaws and that my signature is in compliance with the provisions of the corporation's articles of incorporation and that my signature is in compliance with the provisions of the corporation's charter.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

5-8-95

904 252 6703